

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015293

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

16 02

Registrar's No.

2192

STATE FILE NUMBER

FILED MAY 7 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in 1b
40 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

3001 Woodland

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

Inside Limits

Yes ☐ No ☐

c. CITY

OR TOWN KANSAS CITY

d. STREET ADDRESS

(If outside, give location)

2422 Park

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
GEORGIAMiddle
L.Last
JOHNSON

4. DATE OF DEATH

Month

Day

Year

4-15-62

5. SEX

Female

6. COLOR OR RACE
Negro7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

8-29-95 66

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Liberty, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Mat Davison

13b. MOTHER'S MAIDEN NAME

Ella Mitchell

14. NAME OF HUSBAND OR WIFE

Russell B. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Dorothy Jacobs 2641 Chestnut Daughter

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Cerebral Thrombosis
Generalized ArteriosclerosisINTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Kansas City, Jackson, Mo

21. I attended the deceased from 3 June 61 to 4/15/62 and last saw him alive on 4/14/62

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

WATKINS BROS. FUNERAL HOME 18th & Benton

4-20-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John H. Wells

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Bruce A. Watkins

Licensed Embalmer No. _____

4500

P. O. Address _____

18th Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.